



## Arizona Access to Recovery CHOICES Program

*Freedom From Drugs Through Freedom of Choice*

COPE Community Services, Inc.  
Pima County Adult Probation

**Recovery Support Services**  
**Provider**  
**Enrollment Application**

1. I declare the statements in this application to be correct to the best of my knowledge.
2. I am authorized to sign this application on behalf of the named applicant.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
(Stamped signature is not acceptable)

Printed Name: \_\_\_\_\_

Date \_\_\_\_\_

**COPE Community Services, Inc.**  
**Access to Recovery (ATR)**  
**Recovery Support Services Provider Enrollment Application**

To participate as a Pima County ATR Recovery Support Services (RSS) provider, applicant must complete a RSS provider application.

**General Applicant Information (SECTIONS A – I)**

- All applicable questions should be answered. If an item is not applicable, write N/A.
- The application should be signed and dated by an authorized individual, (i.e. Executive Director) on behalf of the agency or organization.

**Information System Requirements:** Providers are required to use IBM compatible computers for data input (no Apple or Macintosh products). The ATR program requires all RSS providers to utilize an Internet accessible Voucher Management System (VMS) for tracking services and creating service invoices for payment. The ATR program will provide training for usage of the VMS to all RSS providers delivering services. The minimum computer workstation requirements are: Windows XP Pro workstation; 450 mhz or higher computer processor; 256 mb or higher memory capacity; Internet Explorer 6.0 or higher browser version; current virus protection; any Internet Service Provider compatible with connection.

**Insurance Requirements:** See attachment A for insurance provisions. Insurance questions and/or clarifications should be directed to Lorraine Stockdale at [lstockdale@copecommunityservices.org](mailto:lstockdale@copecommunityservices.org).

The application and support documents must be submitted as follows:

**Lorraine Stockdale, Contracts Administrator**  
**COPE Community Services, Inc.**  
**82 S. Stone Ave.**  
**Tucson, AZ 85701**  
**Phone: 520-792-3293**  
**Email: [lstockdale@copecommunityservices.org](mailto:lstockdale@copecommunityservices.org)**

# General Applicant Information

## Section A – Administrative Information

1. Applicant Name (agency, business, organization, or individual)

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2. Name of Legal Signatory (i.e., Executive Director, CEO, etc.)

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3. Physical Address (street, city, state, zip code)

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4. Mailing Address (if different)

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5. Tax I.D. (agency/organization)/SSN (sole proprietor)\_\_\_\_\_

6. NPI Number (for each licensed facility, if more than one)

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7. Contact Name and Title \_\_\_\_\_

8. Telephone Number \_\_\_\_\_

9. Fax Number \_\_\_\_\_

10. Email \_\_\_\_\_

11. Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Not-for-Profit Organization | <input type="checkbox"/> For-Profit Organization |
| <input type="checkbox"/> Sole Proprietor             | <input type="checkbox"/> State Agency            |
| <input type="checkbox"/> Federal Agency              | <input type="checkbox"/> Tribal Organization     |
| <input type="checkbox"/> Tribal Program              | <input type="checkbox"/> Community Organization  |
| <input type="checkbox"/> Faith-Based*                | <input type="checkbox"/> Recovery Community      |
| <input type="checkbox"/> Other: Describe:_____       |  |

\* If faith-based, please answer the following:

Check one of the following definitions that best fits your organization:

- ☐ A religious congregation (church, mosque, synagogue, or temple); or
- ☐ An organization, program, or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated); or
- ☐ A non-profit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation, or mission statement that it is a religiously motivated institution; or
- ☐ A collaboration of organizations that clearly and explicitly includes organizations from the previously described categories.

If the organization is a religious congregation, indicate the size of the congregation:\_\_\_\_\_.

12. First point of contact information (name of the person that a potential client who is seeking ATR services would contact first):

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Name

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Phone Number

## Section B – Fiscal Information

Who to contact for fiscal information and financial reports:

1. Contact Name and Title

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2. Mailing Address

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3. Telephone Number \_\_\_\_\_

4. Fax Number \_\_\_\_\_

4. Email \_\_\_\_\_

## Section C – Voucher Transactions

Who to contact for voucher transaction questions or billing for services:

1. Contact Name and Title

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5. Mailing Address

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3. Telephone Number \_\_\_\_\_

6. Fax Number \_\_\_\_\_

6. Email \_\_\_\_\_

## Section D – Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## Section E – Program/Department and Staff Information

Provide information for each program/department(s) that will provide service(s)

1. Program/Department Name \_\_\_\_\_

2. Contact Name and Title \_\_\_\_\_

3. Program Admission Contact Name for Substance Abuse Clients \_\_\_\_\_

4. Physical Address (street, city, state, zip code)

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5. Mailing Address (if different)

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6. Telephone Number \_\_\_\_\_
7. Fax Number \_\_\_\_\_
8. Email \_\_\_\_\_
9. How many direct service staff will be providing recovery support services? \_\_\_\_\_
10. What is the average client-to-staff ratio? \_\_\_\_\_
11. Approximately how many ATR clients can the program serve? \_\_\_\_\_
12. What is the language fluency of direct service staff? \_\_\_\_\_
13. Describe the minimum qualifications, experience, and/or training required of direct service staff:
14. Describe the organization/entity's process for criminal background checks of all staff and volunteers who have any contact with clients, how results are reviewed, and the criteria for termination of employment/volunteerism. Attach any formalized policies:
15. Describe any specialty services that the program provides:

\*\* Providers should have on file social security numbers and credentials, including certifications and/or licenses, background checks and, if appropriate, ordination papers for each staff member or volunteer who will provide the recovery support services. Providers should also have on file a list of all trainings (and frequency) that pertain to ethics and confidentiality of substance use services and records.

Hours of Operation for Client Services:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Other locations:

Address:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Address:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Section F – Program/Department Services

1. Identify the gender and ages of clients your program/department serves:

**Gender:** \_\_\_ Male \_\_\_ Female \_\_\_ Transgender

2. Identify the service(s) your program provides (check all that apply)

Check the boxes of services provided. Attach copies of curricula outlining the services, if applicable.		
Description	Services to be Delivered	
The rates listed on this table should indicate the amount per unit of care. Please define unit measure (i.e. hour, month, day, session, etc.) When completing this section reference the CPSA Authorized Matrix which uses ADHS/DBHS approved rates from AHCCCS. To view the most recent Authorized Service Matrix, go to <a href="http://www.cpsa-rbha.org">www.cpsa-rbha.org</a> , click on Library, click on CPSA Documents and Manuals, click on CPSA Provider Documents, click on CPSA Authorized Matrix.	Offered (Y/N)	Rate/Unit measure
<b>Transportation:</b> (to and from treatment, RSS activities, employment, etc.): Commuting services are provided to clients who are engaged in treatment and/or recovery support-related appointments and activities and who have no other means of obtaining transportation. Forms of transportation may include public transportation or a licensed and insured driver who is affiliated with an eligible provider.		\$1.21/mile

<b><u>Childcare:</u></b> Care and supervision provided to a client's child(ren), less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support services. These services must be provided in a manner that complies with State law regarding childcare facilities.		
Description	Services to be Delivered	
<p>The rates listed on this table should indicate the amount per unit of care. Please define unit measure (i.e. hour, month, day, session, etc...)</p> <p>* When completing this section reference the CPSA Authorized Matrix which uses ADHS/DBHS approved rates from AHCCCS. To view the most recent Authorized Service Matrix, go to <a href="http://www.cpsa-rbha.org">www.cpsa-rbha.org</a>, click on Library, click on CPSA Documents and Manuals, click on CPSA Provider Documents, click on CPSA Authorized Matrix</p>	Offered (Y/N)	Rate/Unit measure
<b><u>Peer-to-Peer Services, Mentoring, Coaching:</u></b> Mutual assistance in promoting recovery may be offered by other persons who have experienced similar substance abuse challenges. These services focus more on wellness than illness. Mentoring and coaching may include assistance from a professional who provides the client counsel and/or spiritual support, friendship, reinforcement, and constructive example. Mentoring also includes peer mentoring which refers to services that support recovery and are designed and delivered by peers----people who have experience with addiction recovery. Recovery support is included here as an array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in treatment, improved functioning or recovery		\$11/15min
<b><u>Spiritual and Faith-Based Support Education:</u></b> These services assist an individual or group to develop spiritually. Activities might include, but are not limited to, establishing or re-establishing a relationship with a higher power, acquiring skills needed to cope with life-changing incidents, adopting positive values or principles, identifying a sense of purpose and mission for one's life, and achieving serenity and peace of mind. Faith-based services include those provided to clients using spiritual resources designed to help persons in recovery to integrate better their faith and recovery. Such services are usually provided in a religious or spiritual setting by spiritual leaders or other staff who are knowledgeable about the spiritual values of the community and are equipped to assist individuals in finding spirituality. Services include, but are not limited to, social support and community-engagement services, and faith or spirituality services to assist clients with drawing on the resources of their faith traditions and community to support their recovery; mentoring and role modeling; and pastoral or spiritual counseling and guidance.		\$14/?
<b><u>Life Skills:</u></b> Specific instruction to clients so that specific skill sets may be improved or developed.		\$23.20/15min
<b><u>Employment Services and Job Training:</u></b> These activities are directed toward improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, résumé writing, interviewing skills, and tips for retaining a job. Other services include skills training, technical skills, vocational assessment, and job referral to assist individuals to prepare for, find, and obtain competitive employment.		\$13.08/15min
<b><u>Family/Marriage Education Services:</u></b> Engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse on the relationship within the family system.		\$36.85/15min
<b><u>Indigenous Healing:</u></b> Address emotional and/or behavioral issues which impact functional ability. Services are provided by qualified and recognized traditional tribal healers.		
<b><u>Housing Assistance and Services:</u></b> Transitional housing, recovery living centers or homes, supported independent living, sober housing, short-term and emergency or temporary housing, and housing assistance or management. These services provide a safe, clean, and sober environment for adults with substance use disorders. Lengths of		\$21.80/? seems low...



stay may vary depending on the form of housing. This assistance also includes helping families with locating and securing affordable and safe housing, as needed. Assistance may include accessing a housing referral service, relocation, tenant/landlord counseling, repair mediation, and other identified housing needs.		
Description	Services to be Delivered	
The rates listed on this table should indicate the amount per unit of care. Please define unit measure (i.e. hour, month, day, session, etc...) * When completing this section reference the CPSA Authorized Matrix which uses ADHS/DBHS approved rates from AHCCCS. To view the most recent Authorized Service Matrix, go to <a href="http://www.cpsa-rbha.org">www.cpsa-rbha.org</a> , click on Library, click on CPSA Documents and Manuals, click on CPSA Provider Documents, click on CPSA Authorized Matrix	Offered (Y/N)	Rate/Unit measure
<b>Education Services:</b> Include, but not limited to, GED preparation; instruction and support activities to prepare individuals to pass the high school equivalency examination (GED); adult basic education services; basic reading, writing and/or arithmetic skills to individuals performing at or below appropriate grade level.		\$14/?
<b>Alcohol/Drug Testing:</b> Monitoring drug use through urinalysis or other objective methods as part of treatment or criminal justice supervision, providing a basis for assessing and providing feedback on the participant's treatment progress.		\$29.58/?
<b>Family Support Services:</b> Involves face-to-face interaction with family member(s) and is directed toward restoration, enhancement or maintenance of the family function to improve the family's ability to effectively interact and to care for the youth in the home and community. The service may involve support activities such as assisting the family in developing skills to effectively interact and manage the youth, understand the causes and treatment of behavioral health issues, understand and utilize the system, and plan long term for the client and the family.		\$23.30/15min
<b>Employment Services:</b> Provides job placement for individuals who may not otherwise be employed in other traditional settings. The provider must complete an employability assessment and individual service and job development plan with participants. This service may include short-term job training, job coaching and mobility training. The provider must have in-person contact with participants not to exceed twice weekly.		\$13.08/15min
<b>Additional Services:</b> May request additions to the above approved services but approval to perform additional services under the ATR is not guaranteed.		

## Section G– Program/Department License

Provide licensing information, if applicable, for each program/department:

Licensing Agency Name	Program/Department Name	Type of License	License Number	Effective Dates mm/dd/yy – mm/dd/yy

<b>CHECKLIST FOR ATR APPLICATION – Recovery Support Services</b>	
	<b>Completed Application/Completed Checklist</b>
	In addition to the documentation below, submit this checklist along with the completed application. Indicate that you have included the documentation by placing an “X” in the box to the left of the bolded description. If you will not be submitting any documents, place an “NA” in the box below the number. Do not leave any items on the checklist or questions on the application blank. <b>Only completed applications will be reviewed.</b>
	<b>Accreditation, Licensure (If Applicable)</b>
	Copy of license(s).
	<b>List of Individuals Providing Clinical Treatment Services</b>
	Provide information for each staff person who will provide services. A copy of each individual’s license, certification, or registration (if applicable)
	<b>Criminal Background Check</b>
	Keep on file certification that each individual in the agency or organization who will have client contact has a recent (within 12 months) background check that is available for audit. Anyone having client contact must have no prior convictions for child abuse or felony firearms charges.
	<b>Insurance Certificates</b>
	Provide a copy of the agency’s general, auto, professional, and worker’s compensation certificates of insurance. See attachment A for insurance provisions.
	<b>IRS Form W9</b>
	Completed and signed W9 form containing TIN for agencies or Social Security # for sole proprietors.

This project is funded under the Access to Recovery Initiative Grant, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

**ATTACHMENT A**

## **ARIZONA ACCESS TO RECOVERY CHOICES PROGRAM RECOVERY SUPPORT SERVICES APPLICATION**

### **1. INSURANCE REQUIREMENTS**

The subcontractor shall procure and maintain, until all of their obligations have been discharged including any warranty periods under this Subcontract, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by Subcontractor, its agents, representatives, or employees.

The insurance requirements herein are minimum requirements for this Subcontract and in no way limit the indemnity covenants contained in this Subcontract. Neither Contractor nor the State of Arizona warrant that the minimum limits contained herein are sufficient to protect the Subcontractor from liabilities that might arise out of the performance of the work under this Subcontract by the Subcontractor, its agents, representatives, or employees, and Subcontractor is free to purchase additional insurance.

#### **A. MINIMUM SCOPE AND LIMITS OF INSURANCE**

Subcontractor shall provide coverage with limits of liability not less than those stated below. Within ten (10) business days following notification of award, certificates of insurance must be submitted to Contractor clearly stating the applicable Subcontract number, effective date(s) of coverage, and limits of liability required pursuant to this Subcontract.

##### **1. Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

▪ General Aggregate	\$2,000,000
▪ Products – Completed Operations Aggregate	\$1,000,000
▪ Personal and Advertising Injury	\$1,000,000
▪ Blanket Contractual Liability – Written and Oral	\$1,000,000
▪ Fire Legal Liability	\$ 50,000
▪ Each Occurrence	\$1,000,000

- a. The policy shall be endorsed to include the following additional insured language: “Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and their officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Subcontractor.”
- b. Policy shall contain a waiver of subrogation against the Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and their officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Subcontractor.

##### **2. Automobile Liability**

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Subcontract.

- Combined Single Limit (CSL) \$1,000,000

The policy shall be endorsed to include the following additional insured language: "Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Subcontractor, involving automobiles owned, leased, hired or borrowed by the Subcontractor".

### **3. Worker's Compensation and Employers' Liability**

- Workers' Compensation
- Statutory Employers' Liability
  - Each Accident \$ 500,000
  - Disease – Each Employee \$ 500,000
  - Disease – Policy Limit \$1,000,000
- a. Policy shall contain a waiver of subrogation against the Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and their officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Subcontractor.
- b. This requirement shall not apply to: Separately, EACH Subcontractor exempt under A.R.S. §23-901, AND when such Subcontractor executes the appropriate waiver (Sole Proprietor/Independent Subcontractor) form.

### **4. Professional Liability (Errors and Omissions Liability)**

- Each Claim \$1,000,000
- Annual Aggregate \$2,000,000
- a. In the event that the professional liability insurance required by this Subcontract is written on a claims-made basis, Subcontractor warrants that any retroactive date under the policy shall precede the effective date of this Subcontract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Subcontract is completed.
- b. Policy shall contain a waiver of subrogation against the Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and their officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Subcontractor.

- c. The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this Subcontract.

## **B. ADDITIONAL INSURANCE REQUIREMENTS**

The policies shall include, or be endorsed to include, the following provisions:

1. For both the Contractor and the State of Arizona, their departments, agencies, boards, commissions, universities and their officers, officials, agents, and employees, wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Subcontractor, even if those limits of liability are in excess of those required by this Subcontract.
2. The Subcontractor's insurance coverage shall be primary insurance with respect to all other available sources.
3. Coverage provided by the Subcontractor shall not be limited to the liability assumed under the indemnification provisions of this Subcontract.

## **C. NOTICE OF CANCELLATION**

Each insurance policy required by the insurance provisions of this Subcontract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to COPE Community Services, Attn: Contracts Administrator, 82 South Stone Avenue, Tucson, Arizona 85701 and shall be sent by certified mail, return receipt requested.

## **D. ACCEPTABILITY OF INSURERS**

Insurance is to be placed with duly licensed or approved non-admitted insurers in the State of Arizona with an "A.M. Best" rating of not less than A- VII. Contractor in no way warrants that the above-required minimum insurer rating is sufficient to protect the Subcontractor from potential insurer insolvency.

## **E. VERIFICATION OF COVERAGE**

Subcontractor shall furnish Contractor with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Subcontract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

Each insurance policy required by this Subcontract must be in effect at or prior to commencement of work under this Subcontract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Subcontract, or to provide evidence of renewal, is a material breach of this Subcontract.

All certificates required by this Subcontract shall be sent directly to COPE Community Services, Attn: Contracts Administrator, 82 South Stone Avenue, Tucson, Arizona 85701.

The Contract number shall be noted on the certificate of insurance. Contractor or the State of

Arizona reserve the right to require complete, certified copies of all insurance policies required by this Subcontract at any time.

#### **H. EXCEPTIONS**

In the event Subcontractor is a public entity, then the above Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If Subcontractor is a State of Arizona agency, board, commission, or university, none of the above insurance provisions shall apply.